S. No. 2
M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33668

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 86

(c) City or town Clark Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARYLIN SUE HEATH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Feb. (Month) 16 (Day) 1947 (Year)

8. AGE: Years | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace ~~Rand~~ Randolph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Roy Heath
13. Birthplace (City, town, or county) Mabr. (State or foreign country)

MOTHER
14. Maiden name Thelma Barnes
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Roy Heath
(b) Address Clark, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 (Month) (Day) 1947 (Year)

(c) Place: burial or cremation Chapel Grove

18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon - Mo.

19. (a) 10-15-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1947 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 10, 1947, to Oct 10, 1947, that I last saw her alive on Oct 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema, Cardiophylaxis.	3 hrs
Due to Heart (Congestal)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. P. Buttendy (M. D. ~~or other~~)

Address Columbia, Mo. Date signed 10/15

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-23-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed A E Boothe

Licensed Embalmer No. H087

P. O. Address Sturgeon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.